

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/567774**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2		/		
5				/		
6		3		/		
7				/		
8		4		/		
9				/		
10		5		/		
11				/		
12		6		/		
13				/		
14		7		/		
15				/		
16		8		/		
17				/		
18		9		/		
19				/		
20		10		/		
21				/		
22		11		/		
23				/		
24		12		/		
25				/		
26		13		/		
27				/		
28		14		/		
29				/		
30		15		/		
31				/		
32		16		/		
33				/		
34		17		/		
35				/		
36		18		/		
37				/		
38		19		/		
39				/		
40		20		/		
41				/		
42		21		/		
43				/		
44		22		/		
45				/		
46		23		/		
47				/		
48		24		/		
49				/		
50		25		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						